

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/854,142	
	Filing Date	May 10, 2001	
	First Named Inventor	Ilse Bartke	
	Group Art Unit	1651	
	Examiner Name	Susan M. Hanley	
Total Number of Pages in This Submission	8	Attorney Docket Number	305J-900320US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Response to Notice of Non-Compliant Amendment; receipt acknowledgment postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group, P.C.
Signature	
Date	November 29, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Amelia Weintraub		
Signature		Date	November 29, 2004



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 305J-900320US
In re Application of Ilse Bartke, et al.		
Application Number: 09/854,142		Filed: May 10, 2001
For NGF FOR THE PREVENTION OF DEMYELINATION IN THE NERVOUS SYSTEM		
Group Art Unit 1651	Examiner Susan M. Hanley	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ 110
- ☒ Two months (37 CFR 1.17(a)(2)) \$ 430
- ☐ Three months (37 CFR 1.17(a)(3)) \$ 980
- ☐ Four months (37 CFR 1.17(a)(4)) \$1530
- ☐ Five months (37 CFR 1.17(a)(5)) \$2080
- ☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 215.00.

A small entity statement under 37 CFR 1.27:

- ☐ is enclosed.
- ☒ has already been filed in this application.

☐ A check in the amount of the fee is enclosed.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number 50-0893. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a):

November 29, 2004

Date

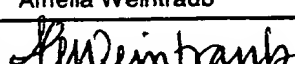

Signature

Paul Littlepage, 48,581

Typed or printed name and Reg. No.

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Typed or Printed Name	Amelia Weintraub		
Signature		Date	Nov. 29, 2004

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